

Indian Health Care Delivery System

State Board of Health
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Federal Trust Responsibility

- Article 1, Section 8 of the Constitution establishes government-to-government relationship
- Treaties negotiated by U.S. in return for 400 million acres of Indian lands created trust obligation for health services
- Trust responsibility has been affirmed in numerous treaties, statutes, Supreme Court decisions, and Executive Orders

Legal Framework

- Snyder Act of 1921 provides basic authority for most Indian health services provided by U.S.
- Indian Self-Determination Act of 1975 (P.L. 93-638) changed Indian health delivery system forever by authorizing tribes to administer their own health programs
- Indian Health Care Improvement Act of 1976 provides wide-ranging authorities for service delivery, health professions, targeted disease prevention and treatment

Indian Health Service

- Mission – To raise the physical, mental, social, and spiritual health of AI/ANs to the highest level
- Goal – To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to AI/AN people
- Foundation – To uphold the federal government's obligation to promote healthy AI/AN people, communities, and culture, and to honor and protect the inherent sovereign rights of tribes

Today's Indian Health System

- 1.6 million service population
- 155 service units consisting of 594 direct health care delivery facilities, including 49 hospitals, 231 health centers, 5 school health centers, and 309 health stations, satellite clinics and Alaska village clinics
- Approximately half of all IHS funding goes to programs operated directly by tribes under P.L. 93-638 contracts or compacts
- Tribes directly operate 13 hospitals, 172 health centers, 3 school health centers, and 260 health stations and Alaska village clinics

Portland Area IHS

- Portland Area IHS provides access to care for approximately 150,000 AI/AN residents of 42 tribes located in ID, OR, WA
- 15 health centers (8 tribally-operated 7 federally-operated), 23 health stations (all but 1 tribally-operated), 3 urban programs, and 10 tribally-operated preventative programs
- No IHS hospital in Portland Area, which means that specialty care must be referred out
- More than a half-million direct ambulatory visits are provided by IHS and tribal clinics each year

Current IHS Budget

- The federal government spends less per capita on Indian health care than on any other group for which it has this responsibility
- Annually, IHS spends 60% less on its beneficiaries than the average per person health care expenditure nationwide
- Federal prisoners and Medicare patients will each receive more than twice the amount spent on Native American health care
- IHS clinical services currently receive \$1.99 billion, far less than the \$9.1 billion needed to provide clinical services to all eligible AI/ANs
- Tribes increasingly rely on Medicaid, Medicare, other third-party revenue sources to make up some of this enormous gap